

# Declaration and Power of Attorney For Patent Application

## English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled Signal Distribution System, Transmission Device, Reception Device, Signal Distribution Method, Transmission Method, Reception Method, Medium and Information Assembly the specification of which is attached hereto unless the following box is checked:

☐ was filed on \_\_\_\_\_ as  
United States Application Number or PCT International Application Number \_\_\_\_\_  
and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

☐ I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56.

☐ I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s) Priority Not Claimed

2000-266,693 JAPAN September 4, 2000

(Number) (Country) (Day/Month/Year Filed) ☐

(Number) (Country) (Day/Month/Year Filed) ☐

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.

\_\_\_\_\_  
(Application Number) (Filing Date)

\_\_\_\_\_  
(Application Number) (Filing Date)

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Number) (Filing Date) (Status - patented, pending, abandoned)

(Application Number) (Filing Date) (Status - patented, pending, abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Paul F. Prestia	Reg. No. 23,031	Lawrence E. Ashery	Reg. No. 34,515	Jack J. Jankovitz	Reg. No. 42,690
Allan Ratner	Reg. No. 19,717	Christopher R. Lewis	Reg. No. 36,201	Jonathan H. Spadt	Reg. No. 45,122
Andrew L. Ney	Reg. No. 20,300	Robert L. Andersen	Reg. No. 25,771	Christopher I. Halliday	Reg. No. 42,621
Kenneth N. Nigon	Reg. No. 31,549	Joshua L. Cohen	Reg. No. 38,040	Scott A. Mckeown	Reg. No. 42,866
Kevin R. Casey	Reg. No. 32,117	Daniel N. Calder	Reg. No. 27,424		
Benjamin E. Leace	Reg. No. 33,412	Louis W. Beardell, Jr.	Reg. No. 40,506		
James C. Simmons	Reg. No. 24,842	Jacques L. Etkowicz	Reg. No. 41,738		

Address all correspondence to: Allan Ratner

Ratner & Prestia, Suite 301, One Westlakes, Berwyn, P.O. Box 980, Valley Forge, PA 19482-0980

Address all telephone calls to: Allan Ratner at (610) 407-0700.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor (given name, family name) Akihiro TATSUTA

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence Soraku-gun, Kyoto JAPAN

Citizenship Japanese

Post Office Address 8-10-5, Hikaridai, Seikacho, Sorakugun, Kyoto 619-0237 JAPAN

Full name of second joint inventor, if any (given name, family name) Shotaro TANAKA

Second Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence Katano-shi, Osaka JAPAN

Citizenship Japanese

Post Office Address 4-1-5-202, Hoshidanishi, Katano-shi, Osaka 576-0015 JAPAN

☒ Additional inventors are being named on separately numbered sheets attached hereto.

Full name of third joint inventor, if any (given name, family name) Koji ARII

Third inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence Takatsuki-shi, Osaka JAPAN

Citizenship Japanese

Post Office Address 4-5-1-406, Kamihamuro, Takatsuki-shi, Osaka 569-1044 JAPAN

Full name of fourth joint inventor, if any (given name, family name) \_\_\_\_\_

Fourth inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_

Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name of fifth joint inventor, if any (given name, family name) \_\_\_\_\_

Fifth inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_

Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name of sixth joint inventor, if any (given name, family name) \_\_\_\_\_

Sixth inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_

Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name of seventh joint inventor, if any (given name, family name) \_\_\_\_\_

Seventh inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_

Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_